

#7

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or  
☒ Application No. 09/832,419, filed on APRIL 11, 2001,  
☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**FULL NAME OF INVENTOR(S)**

Inventor one: GREGORY E. GONYE

Signature: 

Citizen of: UNITED STATES

Inventor two: MICHAEL K. HANAFEY

Signature: 

Citizen of: UNITED STATES

Inventor three: ROBERT A. LAROSSA

Signature: 

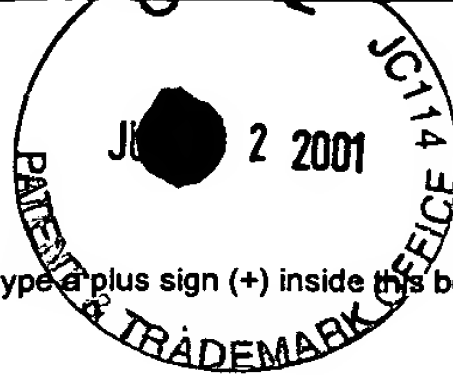
Citizen of: UNITED STATES

Inventor four: J. ANTONI RAFALSKI

Signature: 

Citizen of: UNITED STATES

☒ Additional inventors are being named on SECOND PAGE, additional form(s) attached hereto.



Please type a plus sign (+) inside this box



PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DECLARATION

## ADDITIONAL INVENTOR(S)

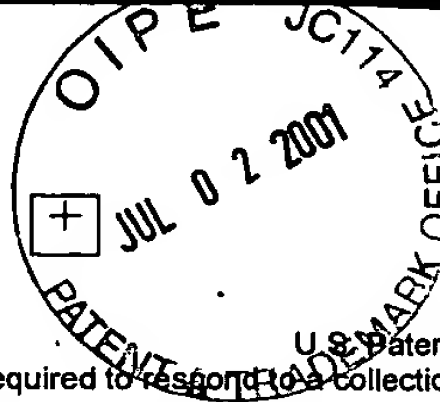
Supplemental Sheet

Page 2 of 2

|   |          |   |                           |
|---|----------|---|---------------------------|
| Name of Additional Joint Inventor, if any:  |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                           |
| Given Name (first and middle [if any])      |          | Family Name or Surname  |                           |
| TINA K.                                     |          | VAN DYK   |                           |
| Inventor's Signature <i>Tina K. Van Dyk</i> |          | Date 5/11/01  |                           |
| Residence: City WILMINGTON                  | State DE | Country UNITED STATES   | Citizenship UNITED STATES |
| Mailing Address 119 CAMBRIDGE DRIVE         |          |   |                           |
| Mailing Address                             |          |   |                           |
| City WILMINGTON                             | State DE | ZIP 19803   | Country UNITED STATES     |
| Name of Additional Joint Inventor, if any:  |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                           |
| Given Name (first and middle [if any])      |          | Family Name or Surname  |                           |
|   |          |   |                           |
| Inventor's Signature                        |          | Date  |                           |
| Residence: City                             | State    | Country   | Citizenship               |
| Mailing Address                             |          |   |                           |
| Mailing Address                             |          |   |                           |
| City  | State    | ZIP   | Country                   |
| Name of Additional Joint Inventor, if any:  |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                           |
| Given Name (first and middle [if any])      |          | Family Name or Surname  |                           |
|   |          |   |                           |
| Inventor's Signature                        |          | Date  |                           |
| Residence: City                             | State    | Country   | Citizenship               |
| Mailing Address                             |          |   |                           |
| Mailing Address                             |          |   |                           |
| City  | State    | ZIP   | Country                   |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/81 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

|                        |                |
|------------------------|----------------|
| Application Number     | 09/832,419     |
| Filing Date            | APRIL 11, 2001 |
| First Named Inventor   | GONYE ET AL.   |
| Group Art Unit         | UNKNOWN        |
| Examiner Name          | UNKNOWN        |
| Attorney Docket Number | BC1042 US NA   |

I hereby appoint:

☒ Practitioners at Customer Number

23906

\*23906\*

PATENT TRADEMARK OFFICE

OR

☒ Practitioner(s) named below:

| Name            | Registration Number |
|-----------------|---------------------|
| S. NEIL FELTHAM | 36,506              |
|                 |                     |
|                 |                     |
|                 |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

|           |                          |
|-----------|--------------------------|
| Name      | ROBERT A. LAROSSA        |
| Signature | <i>Robert A. Larossa</i> |
| Date      | 5-12-01                  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

JUL 02 2001

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

|                        |                |
|------------------------|----------------|
| Application Number     | 09/832,419     |
| Filing Date            | APRIL 11, 2001 |
| First Named Inventor   | GONYE ET AL.   |
| Group Art Unit         | UNKNOWN        |
| Examiner Name          | UNKNOWN        |
| Attorney Docket Number | BC1042 US NA   |

I hereby appoint:

☒ Practitioners at Customer Number

23906

\*23906\*

PATENT TRADEMARK OFFICE

OR

☒ Practitioner(s) named below:

| Name            | Registration Number |
|-----------------|---------------------|
| S. NEIL FELTHAM | 36,506              |
|                 |                     |
|                 |                     |
|                 |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

|           |                        |
|-----------|------------------------|
| Name      | TINA K. VAN DYK        |
| Signature | <i>Tina K. Van Dyk</i> |
| Date      | 5/11/01                |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

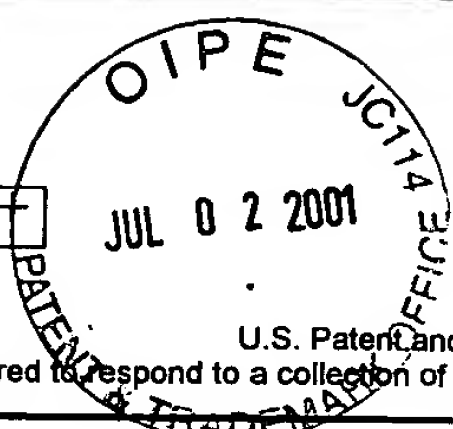
☒ \*Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



JUL 02 2001



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |                |
|------------------------|----------------|
| Application Number     | 09/832,419     |
| Filing Date            | APRIL 11, 2001 |
| First Named Inventor   | GONYE ET AL.   |
| Group Art Unit         | UNKNOWN        |
| Examiner Name          | UNKNOWN        |
| Attorney Docket Number | BC1042 US NA   |

I hereby appoint:

☒ Practitioners at Customer Number

23906

OR

☒ Practitioner(s) named below:

\*23906\*

PATENT TRADEMARK OFFICE

| Name            | Registration Number |
|-----------------|---------------------|
| S. NEIL FELTHAM | 36,506              |
|                 |                     |
|                 |                     |
|                 |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name MICHAEL K. HANAFEY

Signature

Date

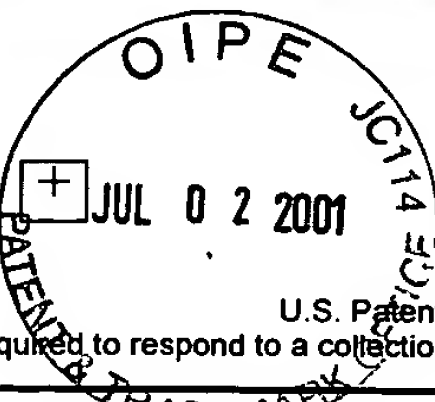
May 15, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

|  |                               |                       |
|--|-------------------------------|-----------------------|
| <b>POWER OF ATTORNEY OR<br/>AUTHORIZATION OF AGENT</b> | <b>Application Number</b>     | <b>09/832,419</b>     |
|  | <b>Filing Date</b>            | <b>APRIL 11, 2001</b> |
|  | <b>First Named Inventor</b>   | <b>GONYE ET AL.</b>   |
|  | <b>Group Art Unit</b>         | <b>UNKNOWN</b>        |
|  | <b>Examiner Name</b>          | <b>UNKNOWN</b>        |
|  | <b>Attorney Docket Number</b> | <b>BC1042 US NA</b>   |

I hereby appoint:

☒ Practitioners at Customer Number

23906

\*23906\*

PATENT TRADEMARK OFFICE

OR

☒ Practitioner(s) named below:

| Name            | Registration Number |
|-----------------|---------------------|
| S. NEIL FELTHAM | 36,506              |
|                 |                     |
|                 |                     |
|                 |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

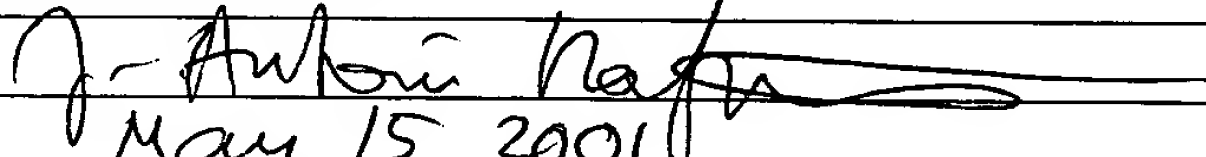
I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

|                  |  |
|------------------|--|
| <b>Name</b>      | J. ANTONI RAFALSKI   |
| <b>Signature</b> |  |
| <b>Date</b>      | May 15, 2001   |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

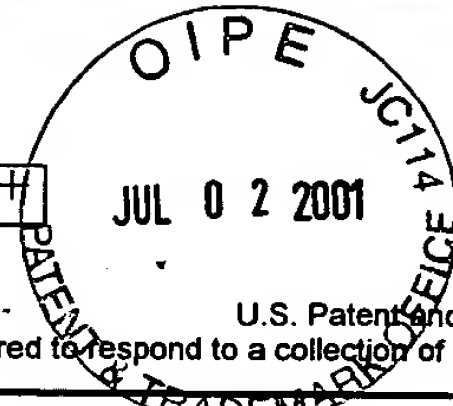
☒ \*Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

JUL 02 2001



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |                |
|------------------------|----------------|
| Application Number     | 09/832,419     |
| Filing Date            | APRIL 11, 2001 |
| First Named Inventor   | GONYE ET AL.   |
| Group Art Unit         | UNKNOWN        |
| Examiner Name          | UNKNOWN        |
| Attorney Docket Number | BC1042 US NA   |

I hereby appoint:

☒ Practitioners at Customer Number

23906

\*23906\*

PATENT TRADEMARK OFFICE

OR

☒ Practitioner(s) named below:

| Name            | Registration Number |
|-----------------|---------------------|
| S. NEIL FELTHAM | 36,506              |
|                 |                     |
|                 |                     |
|                 |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

|           |                  |
|-----------|------------------|
| Name      | GREGORY E. GONYE |
| Signature |                  |
| Date      | 5-18-01          |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.